

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be reimbursement of \$71.00 for date of service, 09/24/01.
- b. The request was received on 02/04/02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. Initial Submission of TWCC-60
    1. UB-92s
    2. EOB(s)
    3. Medical Records
  - b. Additional documentation requested on 06/07/02 – No response found in the file.
  - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
  - a. TWCC 60 and Response to a Request for Dispute Resolution
  - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. This MDR case file does not contain proof of delivery per Rule 133.307 (g) (3&4). Therefore, all documentation submitted by the Requestor and Respondent will be considered.

### **III. PARTIES' POSITIONS**

1. Requestor: No position statement submitted.
2. Respondent: No position statement submitted.

### **IV. FINDINGS**

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 09/24/01.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.

3. Per the Requestor's Table of Disputed Services, the Requestor billed the Carrier \$71.00 for services rendered on the above date in dispute.
4. Per the Requestor's Table of Disputed Services, the Carrier paid the Requestor \$0.00 for services rendered on the above date in dispute.
5. The Carrier's EOB denies reimbursement as "F – T, N DOCUMENTATION DOES NOT SUPPORT THE SERVICE BILLED. CARRIERS MAY NOT REIMBURSE THE SERVICE AT ANOTHER BILLING CODE'S VALUE PER RULE 133.301 (b). A REVISED CPT CODE OR DOCUMENTATION TO SUPPORT THE SERVICE MAY BE SUBMITTED."
6. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
09/24/01	99214	\$71.00	\$0.00	F	\$71.00	MFG E/M (IV); CPT Descriptor	<p>The carrier has denied the charges in dispute as "F – T, N DOCUMENTATION DOES NOT SUPPORT THE SERVICE BILLED. CARRIERS MAY NOT REIMBURSE THE SERVICE AT ANOTHER BILLING CODE'S VALUE PER RULE 133.301 (b). A REVISED CPT CODE OR DOCUMENTATION TO SUPPORT THE SERVICE MAY BE SUBMITTED." The Carrier's response is timely and no other EOB's or re-audits were noted. Therefore, the Medical Review Division's decision is rendered based on denial codes submitted to the Provider prior to the date of this dispute being filed.</p> <p>The Provider has submitted medical documentation that supports services rendered in accordance with the CPT Descriptor requirements and Medical Fee Guideline. Therefore, reimbursement in the amount of \$71.00 is recommended.</p>
<b>Totals</b>		\$71.00	\$0.00				The Requestor is entitled to reimbursement in the amount of <b>\$71.00</b> .

## V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$71.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 10th day of September 2002.

Denise Terry, R.N.  
 Medical Dispute Resolution Officer  
 Medical Review Division

DT/dt